

**2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000000590

**FILED  
Mar 11, 2020  
Secretary of State  
0107227531CC**

**Entity Name:** THE GRAY CASUALTY & SURETY COMPANY

**Current Principal Place of Business:**

3601 N. I-10 SERVICE ROAD WEST  
METAIRIE, LA 70002

**Current Mailing Address:**

PO BOX 6202  
METAIRIE, LA 70009-6202

**FEI Number: 72-1326720**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COMMISSIONER OF INSURANCE  
200 EAST GAINES STREET  
TALLAHASSEE, FL 32399-0300 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title VP, CHAIRMAN, DIRECTOR  
Name GRAY, MICHAEL T  
Address 3601 N. I-10 SERVICE ROAD WEST  
City-State-Zip: METAIRIE LA 70002

Title VPD  
Name GRAY, WALTER V  
Address 3601 N. I-10 SERVICE ROAD WEST  
City-State-Zip: METAIRIE LA 70002

Title VPD  
Name GRAY, ERIC V  
Address 3601 N. I-10 SERVICE ROAD WEST  
City-State-Zip: METAIRIE LA 70002

Title TD  
Name HUGHES, ROBERT M  
Address 3601 N. I-10 SERVICE ROAD WEST  
City-State-Zip: METAIRIE LA 70002

Title S  
Name MANGUNO, MARK S  
Address 3601 N. I-10 SERVICE ROAD WEST  
City-State-Zip: METAIRIE LA 70002

Title PRESIDENT, DIRECTOR  
Name PISKE, CULLEN S  
Address 3601 N I-10 SERVICE ROAD WEST  
City-State-Zip: METAIRIE LA 70002

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT M. HUGHES**

**TREASURER**

**03/11/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date